

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF INDIANA  
FORT WAYNE DIVISION

IN THE MATTER OF	)	
	)	
WILLIAM R. PICKARD	)	BANKRUPTCY CASE NUMBER 09-15032
KANDI S. PICKARD	)	CHAPTER 7
	)	
DEBTORS.	)	

**NOTICE OF DEPOSIT OF UNCLAIMED FUNDS WITH CLERK**

Comes now the undersigned, Yvette Gaff Kleven, Trustee, and by way of notice states the following:

1. The undersigned is the duly appointed Chapter 7 Trustee in the bankruptcy in the above-entitled matter.
2. The Trustee filed her Final Report And Distribution Summary on March 23, 2011, and issued checks as proposed in said proposed distribution.
3. That Check #115 issued to Sallie Mae ECFC, c/o Sallie Mae, Inc., 220 Lasley Ave., Wilkes-Barre, PA 18706 on April 15, 2011 in the amount of \$361.22 was cashed, but the funds were subsequently returned to the Trustee by Sallie Mae ECFC indicating the loan was now being administered by another servicer, but did not identify the servicer.
4. That Sallie Mae ECFC filed a Proof Of Claim in this case, a copy of which is attached hereto. The Trustee believes the obligation is still owing.
4. That the Trustee hereby gives notice that such amount of **\$361.22** is being presented to the Clerk of the United States Bankruptcy Court for the benefit of such claimant.

Respectfully submitted,

\_\_\_\_\_  
/s/ Yvette Gaff Kleven  
Yvette Gaff Kleven, Chapter 7 Trustee  
927 South Harrison Street  
Fort Wayne, Indiana 46802  
Telephone: 260 / 407-7000  
ygk@sak-law.com

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the 12<sup>th</sup> day of May, 2011, a true and correct copy of the above and foregoing Notice Of Deposit Of Unclaimed Funds With Clerk was transmitted electronically through the Bankruptcy Court's ECF System to: United States Trustee, [USTPRegion10.SO.ECF@usdoj.gov](mailto:USTPRegion10.SO.ECF@usdoj.gov), and was sent via first class United States mail, postage prepaid, to: Sallie Mae ECFC, c/o Sallie Mae, Inc., 220 Lasley Ave., Wilkes-Barre, PA 18706

/s/ Yvette Gaff Kleven  
Yvette Gaff Kleven

## B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT <u>NORTHERN</u> DISTRICT OF <u>INDIANA</u> (FORT WAYNE) LOANS 1,2		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>William R Pickard</b>		Case Number: <b>09-15032-REG</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or entity to whom the debtor owes money or property): <b>Sallie Mae ECFC</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  <b>C/O Sallie Mae, Inc.          220 Lasley Ave          Wilkes-Barre, PA 18706</b>  Telephone number: (570) 821-3600		Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above): <b>C/O Sallie Mae, Inc.          220 Lasley Ave          Wilkes-Barre, PA 18706</b>  Telephone number: (570) 821-3600		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case
1. Amount of Claim as of Date Case Filed: <u>\$ 4,871.75</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.
2. Basis for Claim: <u>Money loaned</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>3318</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: <u>\$ 4,871.75</u>  Plus Interest continuing to accrue @ _____ %APR(_____ per diem)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
29-Apr-10  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <div style="text-align: right;">/s/ Chris Genereose 570-821-3600 ext. 3009</div>		<b>FOR COURT USE ONLY</b>

9:16:48 Thursday, April 29, 2010

Case 09-15032-reg Claim 13-1 Filed 04/29/10 Page 2 of 2

CLASS-133-MONETARY HISTORY----- LSC/F 04/29/10  
 >NXT SCR 133 SSN \_\_\_\_\_ PG \_\_\_\_\_ OWN \_\_\_\_\_ ST \_\_\_\_\_ GU \_\_\_\_\_ LN \_\_\_\_\_ DT \_\_\_\_\_  
 SSN \_\_\_\_\_ LOANS ALL \_\_\_\_\_ PROG GS \_\_\_\_\_ STATUS SCHL \_\_\_\_\_ GUAR US \_\_\_\_\_ OWNER 834487  
 NAME WILLIAM R PICKARD INT RATE \*\*\*\*\* OWNER 2009-DP1  
 ORIG PRIN 9500.00 AMT OUT 4750.00 ACR INT: BOR 121.75 ED 7.51  
 LOANS SELECTED 12..... UNINS 0.00  
 EFF POST TRANS IBR 0.00  
 DATE DATE TRAN AMOUNT PRINCIPAL INTEREST DECLINING BALANCE  
 - 010110 010110 470 1.34 0.00 -1.34 4,750.00  
 - 010110 010110 470 23.35 0.00 -23.35 4,750.00  
 - 020110 020110 831 1750.00 1750.00 0.00 6,500.00  
 - 020110 020110 831 3000.00 3000.00 0.00 9,500.00  
 - 020110 022210 132 1750.00 -1750.00 0.00 7,750.00  
 - 020110 022210 132 3000.00 -3000.00 0.00 4,750.00  
 - 030510 030510 240 3091.03 -3000.00 -91.03 4,750.00  
 - 030510 030510 740 3091.03 3000.00 91.03 4,750.00  
 - 030510 030510 240 1750.00 -1750.00 0.00 4,750.00  
 - 030510 030510 740 1750.00 1750.00 0.00 4,750.00  
 - 040110 040110 470 7.24 0.00 -7.24 4,750.00  
 - 040110 040110 470 16.90 0.00 -16.90 4,750.00

I001 PREVIOUS SCREEN PROCESSED SUCCESSFULLY

SEL & ENTER OR PF2=DETAIL. PF5=DEC PRIN BAL PF6=TRANS HIS(131) PF13=PMT ALLOC  
 PF8=BORR PMT(134) PF7=FEE SWAP(133) PF9=STATUS HIS(135) PF10=VALID PMTS ONLY